

## VENTILATE A PATIENT WITH A BAG-VALVE-MASK (BVM)

For use of this form see TC 8-800; the proponent agency is TRADOC.

**TABLES:** II  
**REFERENCES:** STP 8-68W15-SM-TG, Task: Ventilate a Patient with a Bag-Valve-Mask System

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.  
**PRINCIPAL PURPOSE:** To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.  
**ROUTINE USES:** Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.  
**DISCLOSURE:** Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. **Soldier** (Last Name, First Name, MI) \_\_\_\_\_ 2. **Date** (YYYYMMDD) \_\_\_\_\_

**SCENARIO:**  
 While responding to an emergency call, you encounter a patient that is not breathing. You must ventilate the patient using a BVM device.

### GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
<b>3. Performance Measures</b>						
a. Took body substance isolation precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Positioned self at the top of the patient's head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Opened the patient's airway using a head-tilt, chin-lift or jaw-thrust maneuver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Inserted an appropriate airway adjunct ( <i>oropharyngeal or nasopharyngeal</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assembled the BVM system, selected the correct mask size, and applied mask to the patient's face with one hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Performed "E.C." technique for holding mask in place over the patient's mouth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ventilated the patient using the one hand method.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Demonstrated Proficiency** Yes  No

<b>5. Start Time</b>	<b>6. Stop Time</b>	<b>7. Initial Evaluator</b>
<b>8. Start Time</b>	<b>9. Stop Time</b>	<b>10. Retest Evaluator</b>
<b>11. Start Time</b>	<b>12. Stop Time</b>	<b>13. Final Evaluator</b>

**14. Evaluator's Comments**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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